

DIKE, BRONSTEIN, ROBERTS &  
CUSHMAN  
130 Water Street  
Boston  
Massachusetts 02109

DECLARATION  
AND POWER OF ATTORNEY  
Original Application

ATTORNEY'S DOCKET NO. (If Any)  
45394

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed at 201 below) or an original, first and joint inventor (if plural names are listed at 201-203 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**GENERATION OF IMMUNE RESPONSES TO PROSTATE SPECIFIC ANTIGEN (PSA)**

**COPY**

which is described and claimed in:

the attached specification or

the specification in application Serial No. 08/500,306 ..... filed ...July 10, 1995.  
(for declaration not accompanying application)

And was amended on

..... if applicable

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION			
COUNTRY	APPLICATION	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES NO
			YES NO
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (Patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Sewall P. Bronstein (Reg. No. 16,919) Donald Brown (Reg. No. 20,845) David G. Cestia (Reg. No. 27,026) George W. Neuner (Reg. No. 26,964)	Ernest V. Linek (Reg. No. 29,822) Linda M. Buckley (Reg. No. 31,003) Ronald I. Eisenstein (Reg. No. 30,628) Henry D. Pahl, Jr. (Reg. No. 20,438)	Peter J. Manus (Reg. No. 26,766) David S. Resnick (Reg. No. 34,235) Peter F. Corless (Reg. No. 33,860) Kevin J. Fournier (Reg. No. 34,333)	Brian L. Michaels (Reg. No. 34,221) Cara Z. Lowes (Reg. No. 38,227) John L. Welch (Reg. No. 28,129) Milan Mc.K. Oliver (Reg. No. 28,333)
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SEND CORRESPONDENCE TO: Sewall P. Bronstein, Esq. Dike, Bronstein, Roberts & Cushman 130 Water Street Boston, Massachusetts 02109		DIRECT TELEPHONE CALLS TO: (name and telephone number) David S. Resnick 617/523-3400	
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201	FULL NAME OF INVENTOR	LAST NAME <b>SCHLOM</b>	FIRST NAME <b>Jeffrey</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Potomac</b>	STATE OR FOREIGN COUNTRY <b>Maryland</b>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
	POST OFFICE ADDRESS	10301 Sorrel Ave.	CITY <b>Potomac</b>	STATE OR COUNTRY ZIP CODE <b>Maryland 20854</b>
202	FULL NAME OF INVENTOR	LAST NAME <b>PANICALI</b>	FIRST NAME <b>Dennis</b>	MIDDLE NAME <b>L.</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Acton</b>	STATE OR FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
	POST OFFICE ADDRESS	114 Nonset Path	CITY <b>Acton</b>	STATE OR COUNTRY ZIP CODE <b>Massachusetts 01720</b>
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE 10-25-95	DATE

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**SEND CORRESPONDENCE TO:**  
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Boston, Massachusetts 02109

**DIRECT TELEPHONE CALLS TO:**  
(name and telephone number)

David S. Resnick  
617/521-1400

201	FULL NAME OF INVENTOR	LAST NAME <b>SCHLOM</b>	FIRST NAME <b>Jeffrey</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Potomac</b>	STATE OR FOREIGN COUNTRY <b>Maryland</b>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>	
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	FULL NAME OF INVENTOR	LAST NAME <b>PANICALI</b>	FIRST NAME <b>Dennis</b>	MIDDLE NAME <b>J.</b>	
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	POST OFFICE ADDRESS	114 Nonset Path	CITY <b>Acton</b>	STATE OR COUNTRY <b>Massachusetts</b>	ZIP CODE <b>01720</b>

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SIGNATURE OF INVENTOR 201 <i>Jeffrey Schlonm</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 
DATE <i>11/20/95</i>	DATE	DATE